

PART B - FEE(S) TRANSMITTAL

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_____ (Signature)
_____ (Signature)
_____ (Date)

COLGATE-PALMOLIVE COMPANY
909 RIVER ROAD
FISCATAWAY, NJ 08855

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	AUTHORITY CHECK NO.	CONFIRMATION NO.
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10/8/11/234

09/29/2004

Nebojsa Mikanovich

7095-00

1411

TITLE OF INVENTION: DENTAL WHITENING METHOD

APPL. TYPE	SMALL ENTITY	ISSUE FEE DOL	PUBLICATION FEE DOL	PREV. PAID ISSUE FEE	TOTAL FEE(S) DOL	DATE PAID
non-provisional	NO	\$1516	\$300	\$0	\$1816	09/23/2009
EXAMINER	ART UNIT	CLASSIFICATION				
WILSON, JOHN J	3772	433-215000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.334)

☐ Change of correspondence address or change of Correspondence Address form (PTO/SB1123) attached.

☐ "Fee Address" indication of "Fee Address" indication form (PTO/SB1123) Rev 03-02, or no record attached. Use of a Customer Number is required.

2. Fee pending on the patent issue page, list:

(1) The names of up to 3 registered patent attorneys or agents OR, alternatively:

(2) the name of a single firm acting as a registered attorney or agent and the name of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Donald L. Traut

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation in 36 CFR 1.11. Completion of this form is NOT a substitute for filing an assignment.

(a) NAME OF ASSIGNEE

Colgate-Palmolive Co.

(b) RESIDENCE (CITY AND STATE OR COUNTRY)

300 Park Ave., New York, New York 10022

Please check the appropriate assignee category or categories (will not be printed on the patent):

☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

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☐ A check is enclosed.
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-2455, (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above):

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature: Donald L. Traut
 Type or printed name: Donald L. Traut

Date: 9/1/2009
 Registration No: 27,960

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